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CONFIRMATION NO. 7761

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|---|---|--------------------------------|---|--|
| SERIAL NUMBER 10/810,005 | FILING OR 371(c) DATE 03/26/2004 RULE | CLASS 514 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 022438.45889 |
| APPLICANTS Dana P. Gaddy, Little Rock, AR; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/457,710 03/26/2003 <i>ll 8/31/05</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> <i>ll 8/31/05</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/16/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>ll</i> Examiner's Signature <i>ll</i> Initials <i>ll</i> | | STATE OR COUNTRY AR | SHEETS DRAWING 8 | TOTAL CLAIMS 22 |
| | | INDEPENDENT CLAIMS 8 | | |
| ADDRESS 28172 | | | | |
| TITLE Method for diagnosis and treatment of bone turnover | | | | |
| FILING FEE RECEIVED 618 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |